

# Acceptance and Commitment Therapy for Problematic Internet Pornography Use: A Randomized Trial

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Problematic Internet pornography use is the inability to control the use of pornography, the experience of negative cognitions or emotions regarding pornography use, and the resulting negative effects on quality of life or general functioning. This study compared a 12-session individual protocol of acceptance and commitment therapy (ACT) for problematic Internet pornography use to a waitlist control condition with 28 adult males, all but 1 of whom were members of the Church of Jesus Christ of Latter-day Saints. Measures of self-reported pornography viewing, standardized measures of compulsive sexual behavior and related cognitions, and quality of life occurred at pretreatment, posttreatment, and 3-month follow-up. Results demonstrate significant between-condition reductions in pornography viewing compared to the waitlist condition (93% reduction ACT vs. 21% waitlist). When combining all participants ( $N = 26$ ), a 92% reduction was seen at posttreatment and an 86% reduction at 3-month follow-up. Complete cessation was seen in 54% of participants at posttreatment and at least a 70% reduction was seen in 93% of participants. At the 3-month follow-up assessment, 35% of participants showed complete cessation, with 74% of participants showing at least 70% reduction in viewing. Treatment suggestions and future directions are discussed.

*Keywords:* acceptance and commitment therapy; pornography use; treatment

RESEARCH ON PROBLEMATIC INTERNET pornography use is often referred to in the literature as problematic or compulsive sexual behavior, and much of the focus of this research has been on how best to conceptualize and diagnose the behavior. Conceptualizations have included sexual or pornography addiction (Hilton Jr. & Watts, 2011; Orzack & Ross, 2000), sexual impulsivity (Mick & Hollander, 2006), compulsive sexual behavior (Coleman, 1991), sexual compulsivity (Cooper, Putnam, Planchon, & Boies, 1999), out-of-control sexual behavior (Salisbury, 2008), and hypersexual behavior or hypersexuality (Rinehart & McCabe, 1998) which was proposed, but ultimately not included in, the *Diagnostic and Statistical Manual of Mental Disorders-5* (Reid et al., 2012). Three formal classes of disorders have been used to provide criteria and terminology to conceptualize problematic sexual behavior: (a) substance use disorders (Schneider, 1994), (b) impulse control disorders (Grant & Potenza, 2010), and (c) obsessive–compulsive spectrum disorders (Black, 1998).

Problematic Internet pornography is generally defined by the inability to control the use of pornography, the experience of negative cognitions or emotions regarding pornography use, and the resulting negative effects on quality of life or general functioning (Coleman, Miner, Ohlerking, & Raymond, 2001; McBride, Reece, & Sanders, 2008; Reid, 2007). This could include damaged relationships, loss of productivity,

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impaired performance at work or school, job loss, financial expenses, guilt/shame, personal distress, and other forms of psychopathology (McBride et al., 2008). Additionally, problematic pornography use has been identified as a major contributing factor to marital separation and divorce (Dedmon, 2002; Schneider, 2000). Similar to other clinical behaviors, the use of pornography is not viewed as inherently problematic. It is problematic only to the extent to which it becomes excessive and leads to problematic emotional, cognitive, or behavioral outcomes (Twohig, Crosby, & Cox, 2009).

It is estimated that 3% to 6% of the general U.S. adult population meets criteria for compulsive sexual behavior (Kuzma & Black, 2008), and that approximately half of these individuals have an interest in pornography as part of their compulsive behavior (Black, Kehrberg, Flumerfelt, & Schlosser, 1997), leading to an estimate of about 1.5% to 3% of the U.S. general adult population. With the increased use of the Internet, that number is likely an underestimate. For example, a study of over 9,000 Internet users found that between 9% and 15% of the participants reported distress related to their use of the Internet for sexual purposes and 10% reported their behavior as “addictive” (Cooper, Delmonico, Griffin-Shelley, & Mathy, 2004). In a survey of over 9,000 individuals who had accessed pornographic or sexual content on the Internet, 17% scored in the problematic range for sexual compulsivity (Cooper, Delmonico, & Burg, 2000). In another survey of males involved in online sexual activity, 6.5% reported problematic outcomes as a result of Internet sexual behaviors (Cooper, Griffin-Shelley, Delmonico, & Mathy, 2001). In a study of Swedish men and women, 5% of women and 13% of men reported some problems with sexual Internet use and 2% of women and 5% of men reported serious problems with sexual Internet use (Ross, Månsson, & Daneback, 2012). There is particular concern about the prevalence of these behaviors among adolescents, where general Internet use is high and it is assumed that problematic sexual use of the Internet occurs for a percentage of that general sample (Owens, Behun, Manning, & Reid, 2012).

For compulsive sexual behaviors in general, as well as problematic Internet pornography use specifically, no randomized controlled investigations of psychosocial treatments exist. The treatments that have been suggested or investigated include motivational interviewing (Del Giudice & Kutinsky, 2007), cognitive behavior therapy (Young, 2007), 12-step programs (Schneider, 1994), and emotion-focused therapy (Reid & Woolley, 2006). Although these recommenda-

tions are promising, they are not supported with controlled outcome work and the uncontrolled work that does exist is often with variants of problematic Internet pornography use (e.g., compulsive Internet use, relationship problems from viewing; Winkler et al., 2013).

Current research on the way inner experiences (i.e., thoughts, emotions, physical sensations) are addressed and function may have important implications for the understanding and treatment of problematic pornography use. Multiple studies have shown that the way one interacts with urges to view pornography affects not only the rate of viewing, but emotional distress from viewing and problems related to viewing (Levin, Lillis, & Hayes, 2012; Twohig et al., 2009). Struggling with thoughts is an important part of how sexual compulsivity is defined and measured (Reid, Bramen, Anderson, & Cohen, 2013). Indeed, a commonly used measure of sexual compulsivity (Cognitive and Behavioral Outcomes of Sexual Behavior Scale; McBride et al., 2008) assesses individuals’ difficulty controlling sexual thoughts and behaviors (Kalichman & Rompa, 1995).

Given that attempts to regulate certain thoughts and urges are not helpful in the long run, research has focused on the utility of acceptance and mindfulness-based procedures (Levin, Hildebrandt, Lillis, & Hayes, 2012), especially when applied to intrusive thoughts (Marcks & Woods, 2007). Acceptance-based procedures foster open experience of internal experience instead of attempts to regulate them. This is the focus of acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and suggests that ACT may be an effective treatment for problematic pornography use. ACT targets processes that generally aim to decrease the effects of inner experiences (e.g., urges to use pornography) on overt behavior and increase the effects of other inner experiences (e.g., studies investigating values-based work or defusion in isolation) on behavior. This is consistent with a recent study showing that lack of mindfulness is positively related to hypersexuality beyond emotion dysregulation, impulsivity, and stress (Reid et al., 2013).

There is a growing body of research in support of ACT for the treatment of a wide variety of disorders (Hayes, Luoma, Bond, Masuda, & Lillis, 2006), including disorders to which problematic pornography use is most often compared (OCD, impulse control disorders, and substance use disorders). The specific ACT processes of change are also supported in component studies (e.g., studies of values or defusion only), showing that improvement of those processes outside of a large

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